

Claim Form



I. Claim Information

Type _____ DCO

II. Borrower Information

Social Security Number _____ Name _____ AKA _____

Address _____ Address valid? _____

Home phone number _____ Valid? _____ Employer _____
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Work phone number _____ Valid? _____
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Other phone number _____ Valid? _____
()

III. Loan Information

Loan type _____

Loan ID	First disb date	Int rate/type/conv date	Curr prin bal	Student SSN (PLUS)	Student name (PLUS)

Loan ID	Code(E/C)	Endorser/comaker name Social Security Number	Address	Valid?	Phone #	Valid?

IV. Conversion To Repayment Information

OSD _____ Notification date _____ Repayment change? _____ 1st pmt due date _____

V. Repayment Information

TOTAL AMOUNT OF BORROWER PAYMENTS: \$ _____

#Mnths pmts	#Mnths DFR/FORB	#Mths violation	#DFR/FORB events	# Reconv mnths	Pmt due date

VI. Requested Claim Amount

INT PD THRU DATE:

Total amount disbursed	\$ _____	= Principal claimed	\$ _____
+ Capitalized interest	\$ _____	Unpaid cure interest not capitalized	\$ _____
- Principal repaid	\$ _____	Interest claimed as of ____/____/____	\$ _____
= Principal used for interest claimed	\$ _____	Other charges claimed	\$ _____
- Cure interest capitalized	\$ _____		

VII. Certification

Lender ID _____ Servicer ID _____ Claim review status _____

Servicer name _____ Servicer address _____

By submitting this claim to the guarantor for reimbursement, the holder of the loan(s) certifies to the best of the holder's knowledge of the information in this claim is true and accurate and that the loan(s) included in this claim was made, disbursed (including remittance of origination fees) and serviced in compliance with all federal regulations and appropriate guarantor rules. Should the guaranty agency determine that the lender/servicer did not comply with federal regulations or appropriate guarantor rules, and such non-compliance results in the guarantor's inability to collect from the borrower, or in the guarantor's ineligibility for federal reinsurance on the loan(s), the lender/servicer agrees to repurchase such claims or refund the amount of the reinsurance loss if required by the guaranty agency.

Claim Documentation	
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For Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Loans, in order for claim reimbursement to be approved, **ONLY** the following documents should be submitted: the disbursement note or application/promissory note (or true and certified copy) assigned to the Guarantor, along with any applicable addends, any pertinent curing instruments (a copy of a signed repayment schedule curing payment or signed lender certification), and a copy of the Proof of Claim and Proof of Claim Assignment for bankruptcy claims, if applicable, must be submitted with the Claim Form. If guarantor files the Proof of Claim on behalf of the lender, this documentation is not required. Without the required documentation (see instructions, Section I above, for additional documentation requirements for “special” claim types) the Guarantor will not be able to process your claim. Order of documentation will not be a reason for returning a claim to the lender. However, confusing or conflicting documentation may require claim return for lender clarification. All supporting documentation not required for claim submission must be retained by the lender in accordance with federal requirements.

VIII. Collection History (Last 180 Calendar Days)	
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Indicate the month, day and year (MM/DD/YYYY) of each collection activity. Enter the appropriate collection activity code from below. Endorser and/or comaker collection activity, if applicable, must include the numeric identifier assigned to the endorser/comaker in Section III (e.g., LC2 = letter contact to the endorser or comaker designated "2"). List collection activity for comaker who also is an endorser in the Borrower, Comaker section. **NOTE:** Even if the address and/or telephone number of the borrower or endorser were invalid before the account became delinquent (prior to DCO), you **MUST** indicate the date you were notified of the invalid address/phone and any skiptracing performed prior to the delinquency, in order to demonstrate that skip requirements were satisfied. **ALSO**, do not complete this section for Closed School or False Certification Claims, or for claims filed for death, disability or bankruptcy, unless the borrower's loans were delinquent prior to the date condition occurred. For ineligible borrower claims, final demand information must be provided; for abbreviated cure claims, Intensive Collection Activities (ICA) must be provided.

NOTE: Lender/Holder should also provide any other activities after day-180 pertinent to the collection of the account.

PC - lender requested **preclaim** assistance

FD - *final demand* letter

PR - one full monthly installment satisfied by payment or prepayment

TR - account sold, **transferred**, converted to another lender/servicer

IA - lender became aware of **invalid address** for borrower

IT - lender became aware of **invalid telephone** number for borrower

IR - lender became aware of borrower's ***incarceration***, or lender became aware of borrower's ***residence outside a State, Mexico, or Canada or borrower has no phone service***

CR - lender became aware of **check returned** for insufficient funds

LC - **letter contact** with borrower

TC - *telephone contact* or contact *in person* with borrower

VA - lender became aware of **valid address** for borrower

VT - lender became aware of **valid telephone** number for borrower

TA - ***attempted telephone*** contact with borrower

DB - **deferral** period, or forbearance period **begin** date

DE - **deferment** period, post deferment grace period, forbearance period **end** date

DD - date borrower died

LN - lender approved a deferment or forbearance with ending date prior to lender's receipt of documentation or adjusted OSD that changes the delinquency documentation

DS - date disclosure sent (for abbreviated cures only)

FB - forbearance period begin date

FE - forbearance period end date

skiptracing activities to obtain valid address/telephone number

SD - contact with Directory Assistance

SS - contact with borrower's school by phone or letter

SR - contact with reference, endorser, relative, individual or other entity by phone or letter

SA - contact attempted with reference

SO - other skiptracing activity

Borrower		Endorser/Comaker	
Date/Code	Date/Code	Date/Code	Date/Code

Claim Form Instructions

This form is to be used to submit a request for claim reimbursement to the Guarantor. All loans included on the Claim Form must have the same loan type, due date and claim review status. (Stafford and Unsubsidized Stafford with the same due date must be claimed on the same form.) When completing the Claim Form, print or type all information and complete all fields. All date fields must be completed with numerics in MM/DD/YY format. Address/phone "VALID" fields must be completed with "Y" or "N"; indicate "Y" unless the information is known to be invalid. No claim may be submitted for an amount less than fifty dollars (\$50.00). If additional space is needed to claim additional loans, attach claim form(s) providing borrower social security number, name and all applicable loan information in Section III.

I. Claim Information

Type: Enter the appropriate letter from the key below when completing this item:

DE	Death	DF	Failure to make monthly payments
DB	Default reached prior to bankruptcy notification	DQ	Failure to make quarterly interest or other scheduled payments
BH	Bankruptcy with hardship petition (or adversary complaint)	IN	Borrower is determined ineligible for loan
DI	Disabled Totally and Permanently	DU	Abbreviated cure
BC	Bankruptcy, Chapter 12 or 13	CS	Closed school
BO	Bankruptcy, Other	FC	False certification

DCO: Date Condition Occurred is defined by CLAIM TYPE indicated in Item I at the top of the form. Enter the corresponding month, day, and year as follows:

If Claim Type is "DE" (Death), enter the date the lender received official notification of the death of the borrower, or the student, in the case of a PLUS claim. (Submit with the Claim Form, a copy of the death certificate or other acceptable documentation).

If Claim Type is "DI" (Disabled Totally and Permanently), enter the date the lender received official notification that the borrower's physician certified the borrower to be totally and permanently disabled. (Submit with the Claim Form, the original copy of the physician's certification).

If Claim Type is "DB" (Default Reached Prior to Bankruptcy Notification), enter the date of the borrower's first unmet installment. (Note: a claim submitted for this reason must be submitted to the Guarantor no earlier than 180 days from the date condition occurred, but no later than 270 days from the date condition occurred).

If Claim Type is "BH" (Bankruptcy with Hardship Petition or Adversary Complaint), enter the date the lender received the petition for undue hardship (or adversary complaint), or the date the Guarantor advised your institution to file a claim. (Submit with the Claim Form, a copy of the evidence of bankruptcy action, a copy of the proof of Claim submitted to the court, if applicable, and an assignment of the proof of Claim, if applicable).

If Claim Type is "BC" (Bankruptcy, Chapter 12 or 13), enter the date the lender received the Notice of First Meeting of Creditors or other acceptable evidence of the bankruptcy action, or the date the Commission advised your institution to file a claim. (Submit with the Claim form, a copy of the evidence of bankruptcy action).

If Claim Type is "BO" (Bankruptcy, Other), enter the date the lender received the Notice of First Meeting of Creditors or other acceptable evidence of the bankruptcy action, or the date the Commission advised your institution to file a claim. (Submit with the Claim Form, a copy of the evidence of bankruptcy action and/or hardship petition, a copy of the Proof of Claim submitted to the court, if applicable, and an assignment of the Proof of Claim).

If Claim Type is "DF" (Failure to Make Monthly Payments), enter the due date the borrower's first unmet installment. (Note: A claim submitted for this reason must be submitted to the Commission no earlier than 180 days from the date condition occurred, but no later than 270 days from the date condition occurred).

If Claim Type is "DQ" (Failure to Remit Quarterly Interest or Other Scheduled Payments), enter the due date of the borrower's first unmet quarterly interest payment. (NOTE: A claim submitted for this reason must be submitted to the Commission no earlier than 240 days from the date condition occurred, but not later than 330 days from the date condition occurred). If other scheduled installments are unmet and lead to default, enter date of borrower's first unmet installment and explain in attached documentation.

If Claim Type is "IN" (Borrower never enrolled or otherwise ineligible for the loan), enter the date the lender was notified of the borrower's ineligibility. (Note: A claim submitted for this reason must be submitted to the Commission no later than 120 days from the date the final demand letter is issued.) (Not applicable for Consolidation Loans).

If Claim Type is "DU" (Abbreviated Cure), enter the due date of the borrower's first unmet installment that resulted in the original default.

If Claim Type is "CS" (Closed School), enter the date the lender received the statement from the borrower certifying eligibility for Closed School Claim, or date lender received notification from the Commission.

If Claim Type is "FC" (False Certification), enter date lender received notification from the Commission to file the claim.

II. Borrower Information

Social Security Number: Provide borrower's Social Security Number (**DO NOT SUBMIT A CLAIM FORM WITHOUT A SOCIAL SECURITY NUMBER**).

Name: Provide borrower's last name, first name, and middle initial.

AKA: Provide previous or alternative name(s) used by borrower (eg: maiden name).

Address: Provide borrower's last-known street address (street #, apt. # city, state, and zip) and indicate whether last known **Address valid?** by entering "Y" for yes or "N" for no.

Telephone: Provide the borrower's **home** phone number, **work** phone number, and/or **other** phone number if any or all are available (including area code), and indicate whether each is **Valid?** by entering "Y" for yes or "N" for no.

Employer: Provide name and address of borrower's place of employment.

III. Loan Information — For each loan identified in the claim, provide the following data:

Loan type: Indicate the type of loan being claimed using one of the following codes: SF = Federal Stafford Subsidized and Unsubsidized, SU = Federal Stafford Unsubsidized, PL = Federal PLUS, SL = Federal SLS, CL = Federal Consolidation. If the borrower is delinquent on more than one type of loan, a separate Claim Form must be submitted for each loan type. **NOTE: Stafford subsidized and unsubsidized loans that have been combined into one repayment schedule must be combined in one claim.**

Loan ID: Provide the unique nine-digit identification number assigned to the loan by the Commission.

First disb date: Provide date of first disbursement.

Int rate/type/conv. date: Provide current interest rate on the loan(s) and indicate the type of interest rate by entering the appropriate code: F = Fixed rate, simple; R = Fixed, Rule of 78ths; V = Variable rate; A = Adjustable rate (8-10%). Indicate, if applicable, the date the loan was converted to an adjustable rate as required by HEA 1986 Rebate Requirements or HEA 1992 Rebate Requirements. Enter zeros if the loan was not converted or was not subject to Rebate Requirements.

Curr prin bal: Provide current principal balance of each loan claimed.

If PLUS: If the claim is for PLUS borrower, provide the **student social security number** and **student name**.

Endorser/Comaker: For each loan that has an endorser or comaker, provide the appropriate **Loan ID** as indicated above, the **Code** (E = endorser, C = comaker), and the **name, social security #, address, and phone number** of each endorser or comaker, also indicating whether the address and phone number are **Valid?** with "Y" for yes or "N" for no. In the last column, assign each endorser or comaker a numeric identifier, beginning with "1", then "2", etc. An individual who is an endorser, a comaker, or both will have a single numeric identifier regardless of the number of loans that individual has endorsed/comade.

IV. Conversion to Repayment Information

Complete this section only for accounts that entered repayment (not applicable for CS, FC, IN). For each item in this section, provide the "original" dates of the original conversion that led to repayment based upon the **verified correct OSD**.

OSD (Out-of-School Date): Indicate the original **verified correct** date the Stafford Loan borrower ended enrollment on at least a half-time basis that subsequently led to repayment, or the date the PLUS/SLS student borrower ceased eligibility for an in-school deferment (for immediately deferred loans only). For Consolidation loans, and for PLUS/SLS loans not immediately deferred, indicate the latest disbursement date. If the lender is aware that their OSD differs from the guarantor's, document(s) supporting the lender's OSD **must** be provided with this claim.

Notification date: Indicate the date your institution was notified of the **verified correct** OSD. If the account was converted to repayment based upon expected graduation date on the application without notification of an OSD, enter zeroes in this field.

Repayment change?: If there was a change to original OSD after the account entered repayment, resulting in a change to the repayment terms, enter "Y" (yes). If there was no change to the OSD requiring new repayment terms, enter "N" (no).

1st pmt due date: Enter the due date of the first monthly installment as indicated on the repayment schedule sent to the borrower. If this claim includes loans that entered repayment at different times, provide the due date of the first loan entering repayment.

V. Repayment Information

Complete this section only for accounts that entered repayment (not applicable for CS, FC, IN).

TOTAL AMOUNT OF BORROWER PAYMENTS: Indicate total amount of principal and interest payments made by the borrower (that may be subject to refund with CS or FC claims). **Do not** include payments made by 3rd parties.

Mths pmts: Indicate the number of months due date advanced payments made by or on behalf of the borrower. **Do not include payments which did not advance the due date of the borrower's account.**

Mnths DFR/FORB: Indicate separately (with "/" between) the number of regular monthly installments **deferred** or **forborne**. Enter the higher or highest number when multiple loans are included in the claim and their use of deferment and/or deferment differs. When there are overlapping periods of deferment/forbearance on multiple loans, count those months only once. Forbearance periods covering unreinsured months **should not** be included under this item.

Mths violation: Determine the number of days the account was out of guaranty (i.e., in cure status and unreinsured). Divide total number of days by 30 and round up. Enter the total number of violation months. Forbearance periods covering unreinsured months **should be** included under this item.

DFR/FORB Events: Provide the total number of non-continuous individual periods of deferment and forbearance granted on this account. (A deferment or forbearance immediately followed by another deferment or forbearance must be considered one event). Forbearance periods covering unreinsured months **should be** included under this item.

Recon v mnths: For Stafford and SLS claims, multiply the number of events listed above time 2.5 months (75 days), rounded up to the nearest month; use 1.5 months (45 days) for PLUS and Consolidation claims. Given that Stafford and SLS borrowers must resume repayment within 75 days of each deferment or forbearance end date, and PLUS and Consolidation borrowers within 45 days, this field will account for periods following deferment/forbearance events that may not be covered by an installment, deferment, or forbearance without causing a gap in due diligence.

Pmt due date: Enter the due date of the first unmet installment of the borrower's delinquency. In the case of DF, DQ, DU claims, this date would be the same as DCO; with DE, DI, BC, BO claims, enter NA in this field unless the account was delinquent prior to DCO; then this date must be prior to DCO.

VI. Requested Claim Amount

INT PD THRU DATE: Provide the date from which the interest was last paid. This date would generally be 30 days prior to the date condition occurred unless the borrower made less than a full installment, which was applied to interest.

Total amount disbursed: Provide total original principal value of loans disbursed to the borrower.

+ Capitalized interest: Enter (and add) total amount of interest capitalized (added to the total principal amount) and disclosed to the borrower.

-Principal repaid: Enter (and subtract) the total principal (only) repaid on the borrower's account before and after entering repayment including any cancellations after disbursement, tuition refunds, third party payments and prepayments to principal.

Principal used for interest claimed: Enter total principal value of the borrower's debt, including insured and uninsured capitalized interest. Interest claimed should be computed based upon this principal amount.

-Cure interest capitalized: Enter (and subtract) any capitalized interest amount that is **not** eligible for claim payment, because it accrued during a violation period when the account was out of guaranty (in a cure status). This amount may **not** be included in **principal claimed** or **interest claimed**.

=Principal claimed: Based upon the computations above, enter total principal value of claim.

Unpaid cure interest not capitalized: Enter amount of unpaid interest that accrued during period(s) the account was out of guaranty (in cure status) that was **not** capitalized.

Interest claimed as of: Enter **amount** of outstanding accrued reinsured interest claimed, and the **date** through which interest claimed was accrued. Do not include any unreinsured interest (unpaid cure interest not capitalized) in this field.

Other charges claimed: Enter the amount of any other reinsured costs incurred by the lender on this account (e.g.: Guaranty Agency collection cost repurchased or collection cost incurred on CS or FC accounts). Do **not** include late charges.

VII. Certification

With this claim submission, the lender certifies full compliance as indicated in this section. Provide the **Lender ID** Code of the lending institution or current holder of the loan(s), and (if applicable) **Servicer ID** Code, **Servicer Name** and **Address**, **Date** of completion of the form, **Signature**, **Name**, **Title** and **Telephone** number of the lending institution official, in order for this document to be valid for claim payment. Enter one of the following codes to indicate **Claim Review Status** for which your institution currently qualifies:

1. Exceptional Performer Status - Expedited claim review
2. Standard Review Status - Regular claim review
3. Program Review Status - Monitored claim review